continuing professional education in sports physiotherapy, teaching in the area, and promotion of the discipline through research, publications, community service, and community education in sports injury prevention and management. APA sports physiotherapists maintain their title through a mandatory continuing professional development scheme. Benefits of achieving the title include raised public awareness of sports physiotherapy and the specific skills that title holders possess, enhanced marketing opportunities, recognition of the title by outside agencies, and greater opportunities for employment in the sports and exercise medicine setting.

Participation in other activities

In Australia, the multidisciplinary nature of sports medicine has been facilitated by the establishment of Sports Medicine Australia (SMA). This organisation is Australia's peak authority on all issues relating to sports medicine, sports science, and exercise for the physically active. It is a national umbrella body representing a membership base of health professionals, sporting organisations, and individual participants at both the grass roots and the elite level. Physiotherapists show a commitment to excellence in sports medicine by their level of participation in SMA. For example, membership (of the 3340 members in SMA, 22% are physiotherapists), committee participation, and organisation of and attendance at the annual scientific conference. In the past six years, three physiotherapists have been recipients of the Young Investigator Award for outstanding research at the SMA conference. Many other physiotherapists also present their research at this forum.

Conclusion

Educating physiotherapists in sports and exercise science continues to develop as new knowledge and evidence based research is made available. There is a strong ethos in physiotherapy for continuing education and professional development. The commitment by the APA and universities to continue to develop programmes that strive for excellence ensures that Australian physiotherapists are at the forefront of sports medicine practice and research.

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What is a sports medicine specialist? A pilot study

Aim

Sports medicine is a rapidly expanding and developing specialty in the United Kingdom, but there is, currently, no defined training programme or higher career specialist qualification for those wishing to work in this field. A Medline search using keywords "sports medicine", "specialist", "training", and "qualities" found no literature to help define this specialism. The aim of the study was to help define the role of the sports medicine specialist. The specific objective was to seek consensus among those practitioners already working in the field on those qualities considered desirable or essential in a sports medicine specialist.

Method

The study used a modified Delphi technique to seek the views of all 13 doctors in Northern Ireland who possess the basic qualification of a Diploma in Sports Medicine and who work in a variety of clinical settings. In the first round, we invited these doctors to record all those qualities they considered important for a sports medicine specialist under 11 headings (table 1) identified from similar Delphi studies.[1–13] We included examples of these studies to help illustrate how this technique had been applied in defining other professional roles and also relevant consensus statements.[14 15]

Table 1 Areas of expertise considered

A	Access, availability, and administration
B	Clinical skills
C	Education, teaching, and research
D	Team work
E	Use of resources and investigations
F	Ethics
G	Communication skills
H	Application of knowledge
I	Treatment modalities
J	Self management skills
K	Practical sports applications

In round two, the list of all attributes was circulated to the 13 panel members and each was asked to evaluate their importance from "strongly agree", "agree", "neither", "disagree" to "strongly disagree". Responses were collated and analysed using SPSS software with numerical values being allocated to each response (1 = strongly disagree to 5 = strongly agree).

Results

Nine of 13 panellists (69%) completed round one and provided a total of 851 responses. These results were collated and, after elimination of duplicate responses, 329 suggested attributes remained. Eleven of 13 panellists (85%) completed round two. The 18 responses attracting the highest mean scores after round two are shown in table 2.

Table 2 Top 18 rated qualities

Score	*Quality*
4.91	Can ensure injured athlete is transferred safely in emergency situation
4.91	Should be competent at cervical spine immobilisation and protection.
4.91	Should have appropriate medical insurance
4.82	Updates and maintains clinical skills
4.82	Be very competent at full musculoskeletal examination
4.82	Should be competent at CPR/basic life support
4.82	Should be competent in assessment and management of emergencies on the field
4.82	Remains sober while on duty
4.73	Identifies and prioritises urgent cases by clinical need
4.73	Available for referral, including urgent referral from general practitioners
4.73	Aware of legal implications and responsibilities of involvement in sports medicine
4.73	Knowledge and understanding of how injury affects sport
4.73	Ability to take detailed systematic, general, and sports related history
4.73	Ability to perform detailed, systematic general and injury related examination
4.73	Ability to assimilate information from history and examination
4.73	Postgraduate qualification in sports medicine, Diploma in Sports Medicine, or equivalent
4.73	Has access to physiotherapist
4.73	When the sports participant is a child/adolescent, the doctor must give first consideration to the participant's growth and stage of development*

*Taken from the World Medical Association declaration on the principles of health care for sports medicine.[14]

Conclusions

This consensus study highlights areas of ethical, medicolegal, and emergency medicine as being those most desirable or essential in a sports medicine specialist. A number of these statements could equally apply to any medical practitioner. We have only identified the top 18 qualities. It is interesting to note that, of the 311 other qualities identified, the lowest scores of 2.88 and 3 were received by the statements "has a formal attachment to a team or sport" and "experience as a player at different levels" respectively. Furthermore no quality was rated 5 by all respondents.

This is a small geographically isolated study but it uses a recognised method to seek consensus among those who have shown their commitment by undertaking a higher specialist qualification. A further, United Kingdom wide study is in preparation.

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Sport and exercise medicine in undergraduate medical schools in the United Kingdom and Ireland

Introduction

The formation of the Intercollegiate Academic Board in Sport and Exercise Medicine represents the first step towards recognition of sport and exercise medicine as an individual specialty, with its own higher specialist training programmes, leading to the establishment of sport and exercise medicine departments within the NHS. However, sports medicine is not an exclusively postgraduate activity and there is increasing interest among medical students. The opportunity for students to direct their own learning goals is in keeping with changes to undergraduate medical education suggested by the General Medical Council (GMC) in their paper entitled *Tomorrows' doctors*.[1] One of their recommendations was to supplement the core curriculum with "special study modules", offering students the opportunity to study, in depth, areas of particular interest. This "new" undergraduate curriculum was introduced into medical schools in the academic year 1997/1998.

Our aim was to study the level of interest in the teaching of sport and exercise medicine in undergraduate medical schools, with specific objectives to record the proportion of schools with formal and informal teaching of sport and exercise medicine, the extent of teaching, and in what context it was taught.

Method

This was a questionnaire study of medical schools in the United Kingdom and Ireland. The first draft of the questionnaire was drawn up by the authors. It was appraised for content and face validity by six members of the Northern Ireland Sports Medicine Interest Group, who had attended five different medical schools and each of whom was involved in sports medicine teaching at some level. The questionnaire was sent to the deans of all medical schools throughout the United Kingdom and Ireland, with a postal reminder after three weeks and a phone call to the secretary to the dean after a further three weeks. Respondents were asked to identify in which year sport and exercise medicine was formally taught as a lecture, as a study module, or as a clinical attachment and we used the following definitions to promote consistency. A study module was defined as: a student undertakes a period of study into an area normally outside the medical curriculum. It may be research based, an assignment or in depth clinical study. A clinical attachment is where a student is based at a department, alone or with a group of students, and clinical experience and teaching in sport and exercise medicine is coordinated by that department.

Results

Of 30 questionnaires issued, 26 were completed and returned, giving a response rate of 87%. Seven medical schools taught sport and exercise medicine in a formal context within the core curriculum, and, in six schools, sport and exercise medicine was offered as an optional module. The proportion of students who were taught sport and exercise medicine ranged from 10% to 100% in different schools. We identified in which year sport and exercise medicine was formally taught as a lecture, as a study module, or as a clinical attachment (table 1).

Table 1 Provision of education in sports and exercise medicine in medical schools

Year when available	*Lecture*	*Study module*	*Clinical attachment*
Year 1	4	1	1
Year 2	4	5	1
Year 3	2	6	2
Year 4	1	4	3
Year 5	1	1	3

Results are expressed as number of medical schools where this is available.